### Electronic Filing System (EFS) Data **Electronic Patent Application Submission USPTO** Use Only

EFS ID:

13280

Application ID:

09683331

**VOICE REVIEW OF PRIVACY** 

Title of Invention:

POLICY IN A MOBILE

**ENVIRONMENT** 

First Named Inventor:

Lalitha Suryanarayana

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2001-12-14

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

T00355

Digital Certificate Holder:

cn=Kenneth Wayne Bolvin, ou=Registered Attorneys, ou=Patent

and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$1340.0

Payment Category:

CC - Credit Card

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**Expiration Date:** 

04302002

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2001-12-14

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374886

**RAM Payment Status:** 

**RAM success** 

Postal Code:

75070-0871

#### TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent

**Filing** 

Attorney Docket Number:

T00355

# VOICE REVIEW OF PRIVACY POLICY IN A MOBILE ENVIRONMENT

First Named Inventor: Lalitha Suryanarayana

SUBMITTED BY

Name:

Kenneth Bolvin

Registration Number:

34125

Electronic Signature Mark: Kenneth

W. Bolvin

N

Date Signed: 20011214

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Attached Files:

declaration

dec1.tif

declaration

dec2.tif

bibd-transmittal

sbcapds.xml

fee-transmittal

sbcfee.xml

Attached Image File(s):

dec1.tif

dec2.tif

Comments:

Suryanarayana, Lalitha

T00355

**COMPLETE IF KNOWN** 

APP\_ID=09683331

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR** 

**DESIGN PATENT APPLICATION** 

(37 CFR 1.63)

**Attorney Docket Number** 

First Named Inventor

Application Number

Declaration Submitted OR with Initial	Declaration Submitted after Initial Filing (surcharge	Filing Date	1:	2/14/2001				
		Art Unit						
Filing	(37 ČFR 1.16 (e)) required)	Examiner Name						
As the below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
VOICE REVIEW OF PRIVACY POLICY IN A MOBILE ENVIRONMENT								
(Title of the Investigation								
(Title of the Invention) the specification of which								
is attached hereto								
OR		<del></del>						
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International				
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United								
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
Additional foreign application nur	mbers are listed on a supplen	nental priority data sheet P	TO/SB/02B attach	ed hereto:				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  [Page 1 of 2]								

jağı.

## **DECLARATION** — Utility or Design Patent Application

				**************************************		
Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below						
26782						
Name PATENT TRADSMARK OFFICE						
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Address		<del></del>				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
Given Name Lalitha			Suryanaraya	ana		
(first and middle [if any])		Family Name Suryandrayana or Surname		ai id		
		or sur	name	I		
Inventor's						
Signature				Date		
Austin	TX		US	US		
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9913 Liriope Cove						
Mailing Address						
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City	State		ZIP	Country		
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsigne			
			mod for this dissigner	a myemor		
Given Name		Family Name				
tillat and middle ut anvit			or Surname			
Inventor's						
Signature				Date		
Residence: City	State	ļ	Country	Citizanehin		
State Country Citizenship						
Mailing Address						
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

[Page 2 of 2]

## FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

#### **TOTAL FEES AUTHORIZED: \$ 1340**

#### BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

8207

**Expiration Date:** 

20020430

Authorized Name:

Kenneth Wayne Bolvin

Billing Address:

75070-0871

**BASIC FILING FEE** 

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 740	

Subtotal For Basic Filing Fee: \$ 740

#### **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 30	103	\$ 18	10	\$ 180
Independent Claims: 8	102	\$ 84	5	\$ 420

Subtotal For Extra Claims Fees: \$ 600